Daily Manure Application Record (Permit MIG019000)

Date	Field ID	Field size (acres)						
Weather								
Forecast less than 70% of 1/2	Forecast less than 70% of 1/2" inch rain? yes no (DO NOT SPREAD)							
sunny partly cl	Weather conditions during spreading* sunny partly cloudy cloudy rain (DO NOT SPREAD) *If differing conditions exist within 24 hours prior-to or after application, check multiple conditions and note timing							
Field Inspection (0 to 48 hours before land application) inspector								
Tile(s) flowing immediately pr	ior to spreading?yesno [NA						
describe flow color and odor (multiple	e outlets on back if necessary)							
Soil cracking evident? If yes, correct (till) prior to spreading on the second	yes no Describe crop maturity							
Describe soil moisture	drymoistsaturated (DO NC	OT SPREAD)						
Are conservation practices* functioning and in good condition? yes no NA *Includes grassed waterways, buffer strips, diversions, etc. If "no" describe on back and DISCONTINUE SPREADING.								
Application Information spreader name/ID appl	cation method capacity	time am pm						
Daily Equipment Insp*: *DO NOT SPREAD if the box above is n	No problems with leaks, structural integriot checked. Record any corrective actions necessary of	• • •						
manure source	loads							
goal application rate/acre								
actual application rate/acre	total volume or weight applied acres	covered						
Follow Up								
Tile(s) flowing at end of daily s	preading?	yes no NA						
describe flow color and odor (multiple outlets on back if necessary) Inspector:								
manure incorporation date or no incorp. explanation* manure incorporation method								
*only: within 24 hrs, frozen, snow covered, or forage crop								
Tile(s) flowing after first 1/2" rain w/in 30 days of application?								
date of inspection describe flow color and odor (mulitple outlets on back if necessary) Inspector:								

Field Inspections (pg 1 of 2)

CAFO Permit MIG0190000 Part 1, Section A.4.b.7)b) C)

Month_ Year

Prior to land application (48 hours or less) Tile Outlet (flow, color, odor, or any Soil (cracking, moisture Crop Conservation Practices (condition of grassed waterways, Date Staff Field ID other characteristics of discharge) holding capacity) Tile ID Maturity buffers, diversions, etc.)

^{*} If waste application continues for more then a day, check field(s) at end of the day. If not, inspect field immediately following application.

Field Inspections (pg 2 of 2)

CAFO Permit MIG0190000
Part 1, Section A.4.b.7)b) D) and E)

		Mor	nth	Year		<i>5) 2) a.</i> .a			
	After land application or at end of day*					Within 24 hours after first rain event of 1/2 inch or more*			
Date	Staff	Field ID	Tile ID	Tile Outlet (flow, color, odor, or any other characteristics of discharge)	Date	Staff	Field ID	Tile ID	All Tile Outlets (flow, color, odor, or any other characteristics of a discharge)

^{*}All tiled fields to which waste has been applied in the prior 30 days of the rain event of 1/2 inch or more.

Land Application Log CAFO Permit MIG0190000, rt 1, Section A 4 h 7(g) A) and D)

	Part 1, Section A.4.b.7)g) A) and D)								
	MonthYear								
	Site Specific Information Total Nutrients Appli (ALL sources)								
Date	Field ID	Time of application	Quantity (total gal or tons)	Application Method	Rate per acre (in gal or tons)	Phosphorus (lbs per acre)	Nitrogen (lbs per acre)		

Who migan bepartment of Environmental Qaulity											
	Land Application Equipment Inspections CAFO Permit MIG0190000, Part 1, Section A.4.b.7)b)F)										
Month Year											
Daily inspections when land applying waste											
				Jun.,	moposione when land t	ppiying was					
Date	Staff	Equipment ID	Leaks: Any leaks of any fluids?	If yes, explain	Record Corrections	Structural Integrity: Is anything broken?	lf yes, explain	Record Corrections			
						-					
				l .							

MI MANIFEST for LARGE CAFO WASTE

No.			
No.			

This form is to be used where large CAFO waste (as defined in General Permit No. MIG019000) is sold, given away or otherwise transferred to another person (recipient) such that the land application of that large CAFO waste is no longer under the operational control of the large CAFO owner or operator that generates the large CAFO waste (generator). Once completed, this form is to be kept with the generator's CNMP for a minimum of five years.

GENERA'	GENERATOR INFORMATION: Name:								
Address: _			City: _		State:	Zip:			
20 20 202 50000	Nutrient Concentration (lbs/1000 gal. or lbs/ton): Phosphorus (P ₂ O ₅): Total Nitrogen: Waste Type: (solid, liquid, beef, dairy, compost, etc.)								
"I hereby d	eclare that the large	e CAFO waste	e is accurately des	cribed above	and is suitable f	or land application."			
Signature:			Da	te:					
	IT INFORMATIO								
Address: _			City: _		State:	Zip:			
	eclare that the large information provide			will be proper	ly land applied a	and that the			
Signature:			Da	te:					
DESTINA	TION/DISPOSAL	INFORMAT	ION:						
Field locatio	n or other destination	/disposal inforn	nation:						
						No. of Acres:			
Date	Quantity	Date	Quantity	Date	Quantity				
Field locatio	n or other destination	/disposal inforn	nation:			_			
						No. of Acres:			
Date	Quantity	Date	Quantity	Date	Quantity				
Field locatio	n or other destination	/disposal inforn	nation:						
						No. of Acres:			
 Date	Quantity	 Date	Quantity	 Date	Quantity				
Field locatio	n or other destination	/disposal inform	nation:						
		Г				No. of Acres:			
 Date	Quantity	 Date	Quantity	 Date	Quantity				
Field locatio	n or other destination	/disposal inform	nation:						
						No. of Acres:			
———— Date	 Quantity	———— Date	 Quantity	 Date	 Quantity	INO. OF ACIES.			

Daily Inspections and O&M (pg 1 of 2) CAFO Permit MIG0190000 Part 1, Section A.4.b.6)

Month	Year

Water Lines: waste water as well as drinking & cooling water

	water Lines. Waste water as well as urinking & cooling water							
		Any faulty or	If yes, explain or mark No					
Date	Staff	leaking lines?	If yes, explain or mark No	Record corrections made				
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

Daily Inspections and O&M (pg 2 of 2) CAFO Permit MIG0190000

Part 1, Section A.4.b.6) Month Year Above ground piping and transfer lines Any faulty or leaking lines? Staff Record corrections made If yes, explain or mark No Date

Weekly Inspections and O&M (pg 1 of 4) CAFO Permit MIG0190000

	CAFO Permit MIG0190000 Part 1, Section A.4.a.3) and Part 1, Section A.4.b.6)								
	MonthYear								
Was	Waste Storage Dikes and Berms: Any indications of cracking, inadequate vegetative cover, woody vegetation, overlow, leaks, seeps, erosion, slumping, animal damage, or damage to the liner?								
		,, .	l l l l l l l l l l l l l l l l l l l	damage to the mior.					
Date	Staff	Location	If yes, explain or mark No	Record any corrections					

Weekly Inspections and O&M (pg 2 of 4)

	CAFO Permit MIG0190000 Part 1, Section A.4.a.3) and Part 1, Section A.4.b.6)								
	MonthYear								
transf	te Stor er statio	<u>'age Con</u> ns, pump s	atrol Devices: Any indication of malfundations, other control structures (valves, gate of the control structures)	ctioning lift stations, mechanical or electrical systems, ates, etc.)?					
Date	Staff	Location	If yes, explain or mark No	Record any corrections					

Weekly Inspections and O&M (pg 3 of 4)
Concentrated Animal Feeding Operation (CAFO), Permit MIG0190000

Part 1, Section A.4.a.3) and Part 1, Section A.4.b.6)									
	MonthYear								
<u>Manure/Waste Runoff Management Devices:</u> Any indication of malfunctioning cleaning separators, barnyards, screens, etc?									
Dairiy	1 00, 0								
Date	Staff	Location	If yes, explain or mark No	Record any corrections					
				*					

Weekly Inspections and O&M (pg 4 of 4)
Concentrated Animal Feeding Operation (CAFO), Permit MIG0190000

Part 1, Section A.4.a.3) and Part 1, Section A.4.b.6)								
	MonthYear							
Storm	Stormwater: _Any contaminents in catch basins, drainage ditches, floodwater diversion devices, etc?							
Date	Staff	Location	If yes, explain or mark No	Record any corrections				

Weekly Waste Storage Depth Gauge Inspections CAFO Permit MIG0190000

					CAFO Permit MIG0				
-				Mont	Part 1, Section A.	4.a.3) ear			
Date	Staff	Structure (location or description)	Depth of the waste in the structure and the available operating volume as indicated by the depth gauge	Structure	Depth of the waste in the structure and the available operating volume as indicated by the depth gauge	Structure (location or description)	Depth of the waste in the structure and the available operating volume as indicated by the depth gauge	Structure (location or description)	Depth of the waste in the structure and the available operating volume as indicated by the depth gauge
				Mont	hY	ear			
Date	Staff	Structure (location or description)	Depth of the waste in the structure and the available operating volume as indicated by the depth gauge	Structure (location or description)	Depth of the waste in the structure and the available operating volume as indicated by the depth gauge	Structure (location or description)	Depth of the waste in the structure and the available operating volume as indicated by the depth gauge	Structure (location or description)	Depth of the waste in the structure and the available operating volume as indicated by the depth gauge
				Mont	h Yo	ear			
Date	Staff	Structure (location or description)	Depth of the waste in the structure and the available operating volume as indicated by the depth gauge	Structure	Depth of the waste in the structure and the available operating volume as indicated by the depth gauge	Structure (location or description)	Depth of the waste in the structure and the available operating volume as indicated by the depth gauge	Structure (location or description)	Depth of the waste in the structure and the available operating volume as indicated by the depth gauge

Walnutdale Dairy Facility Mortality Records

		Date:					
Date of Disposal	# and Type of Animals	Method of Disposal	Location of Disposal	Description of Activities Conducted			

Report of discharge from Manure and Wastewater Storage Structures and Land Application

<u> </u>	CSP D	ata For	m Past	ure Mana	ageme	nt Ye	ar		1655 A
Name:						Tract or Fa	arm #:		
	de The	4年20年 (20年 (大)	140		\$6°	Pasture N		wycen to the control of the control	Papale
Shret.	-48	1.58			AND DESCRIPTION OF THE PERSON	CENT.	CAROLE.	1385	* 23
Are you follow	ving a grazing	plan?	and other curfe	Yes ace water contr	No.	Yes	N	0	
Is offered pas vegetation in	sture land free	of active g	ullies (i.e. not s	supporting grov	wing or live	Yes		No	
vegetation in	the bottoms c							: : : .110e1.	T 12547835
Grazing Re	ecords	11.00 mg	1989 341 E			从数学 :	1,4876		
Pasture ID_			Pasture Aci	res		Forag	е Туре	Data A	lind
Soil Test Date			Fertilizer Re	ate Applied	I Cornen	Type	Applied	Date A	ipplied
Lives Type	stock Number	Date In		Date Out	Forage Height	1.00 at 2.00 a	1	Notes	
Grazing R Pasture ID			Pasture Ac			Forag	ge Type Applied _	Date A	
Soil Test Dat	te	Iso Date:	Fertilizer R	ate Applied		Type			
Live					Enraga		Applied	Notes	Applied
Type	Númber	Date In	Forage Height		Forage Height	3373	Applied	Notes	урліва
Туре		ln ln	Forage Helght			3373	Арриеч	Notes	турнец
Grazing R			Height	Out				Notes	
Grazing R Pasture ID	Númber		Height Pasture Ac	Out	Height	Fora	ge Type	Notes 8	Applied
Grazing R	Númber Records		Height Pasture Ac	Out	Height	Fora	ge Type	Notes 8	
Grazing R Pasture ID Soil Test Da	Númber Records	Date	Pasture Ad Fertilizer R	oresate Applied	Height	Fora	ge Type	Notes 8	Applied

As part of your Conservation Security Program application, you will need to provide some farm records on pastures and hay fields to help document your conservation efforts. This worksheet will help you record needed information to be included with your application. If you have any questions, or need assistance in submitting this information, please contact NRCS at your local USDA Service Center.